Instruction 1(b).

#### Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

### UNITED STATES SECURITIE Washingt

| S AND EXCHANGE COMMISSION |   |
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| on, D.C. 20549            | 0 |

OMB APPROVAL MB Number: 3235-0287 stimated average burden 0.5 hours per response... STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

# Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty   | pe Response   | <del>(8)</del>                       |   |  |   |  |                                 |  |  |   |   |  |   |   |   |
|--|---|--------------------------------------|---|--|---|--|---------------------------------|--|--|---|---|--|---|---|---|
| 1. Name and Address of Reporting Person *- GERAGHTY JAMES A                                |   |                                      | 2. Issuer Name and Ticker or Trading Symbol PIERIS PHARMACEUTICALS, INC. [PIRS] |  |   |  |                                 |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director |   |   |  |   |   |   |
| (Last) (First) (Middle)<br>C/O PIERIS PHARMACEUTICALS, INC., 255<br>STATE STREET 9TH FLOOR |   |                                      | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2017                     |  |   |  |                                 |  |  |   |   |  | -   |   |   |
| (Street)   |   |                                      | 4. If Amendment, Date Original Filed(Month/Day/Year)                            |  |   |  |                                 |  |  |   |   |  |   | )   |   |
| BOSTON<br>(Cit   | J, MA 0210  | (State)                              | (Zip)   |  |   | Table l  | . Non-                          | -Deriva  | tive Securitie   | s Acqui   |   |  | eficially Owne  | od.   |   |
| 1.Title of S<br>(Instr. 3)   | Security  |                                      | 2. Transaction<br>Date<br>(Month/Day/Year)                                      | 2A. Deen<br>Execution<br>any<br>(Month/E | ned<br>n Date, i  | 3. To Cod (Inst  | ransacti                        | on 4. S<br>(A)<br>(In  |  | quired of (D)   |   | Securities E<br>ving Report                | Beneficially 6. ed Or Fo  | wnership of Be irect (D) Indirect (In   | Nature<br>Indirect<br>eneficial<br>wnership<br>astr. 4) |
|  | Report on a   | separate line for each               | cii ciass of securities   | s beneficia                              | my own  | ea aire  |                                 |  |  | nd to th  | ne collection   | of inform                                  | nation  | SEC 14  | 74 (9-02)   |
| Kemmaer.   |   |                                      |   |  |   |  | fc<br>quired,                   | ontaine<br>orm dis<br>, Dispos   | ed in this fo<br>plays a cur<br>sed of, or Ber                                     | rm are i<br>rently v<br>ieficially  | not require<br>alid OMB c                             | d to respo                                 | nd unless the   |   | ()  |
| 1. Title of  | Conversion  | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if  | 4. Transact                              | 5. I for second | Number<br>rivative<br>curities<br>quired<br>or<br>sposed                           | quired, ss, option 6. D Exp (Mo | ontaine<br>orm dis<br>, Dispos<br>ons, con                                       | ed in this for plays a cure sed of, or Berevertible securcisable and Date          | rm are i<br>rently v<br>reficially<br>rities)  7. Title<br>Amour<br>Underl<br>Securit | Owned  and and and of ying                            | d to respo<br>ontrol nur<br>8. Price of    | nd unless the   | 10.<br>Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect | 11. Nature  |
| 1. Title of<br>Derivative<br>Security  | Conversion<br>or Exercise<br>Price of<br>Derivative | Date                                 | 3A. Deemed<br>Execution Date, if<br>any   | 4. Transact                              | tion of De Sec (A) Dis (D) (In and  | varran<br>Number<br>rivative<br>curities<br>quired<br>or<br>sposed of<br>str. 3, 4 | quired, is, option (Mo          | ontaine<br>orm dis<br>, Dispos<br>ons, con<br>Date Exe<br>piration I<br>onth/Day | ed in this for plays a cur sed of, or Ber vertible secur reisable and Date 1/Year) | rm are i<br>rently v<br>reficially<br>rities)  7. Title<br>Amour<br>Underl<br>Securit | ont required alid OMB commed  and and at of ying dies | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) | 10.<br>Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect | 11. Nature of Indirec Beneficial Ownershi               |

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |  |
|----------------------------------|---------------|-----------|---------|-------|--|
| Reporting Owner Name / Address   | Director      | 10% Owner | Officer | Other |  |
| GERAGHTY JAMES A                 |               |           |         |       |  |
| C/O PIERIS PHARMACEUTICALS, INC. | X             |           |         |       |  |
| 255 STATE STREET 9TH FLOOR       | Λ             |           |         |       |  |
| BOSTON, MA 02109                 |               |           |         |       |  |

## **Signatures**

| /s/ Caroline G. Gammill, Attorney-in-fact | 05/24/2017 |
|---|------------|
| **Signature of Reporting Person           | Date       |

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The stock option will vest in four equal quarterly installments on each of June 30, 2017, September 30, 2017, December 31, 2017 and March 31, 2018, subject to the Reporting Person's continued service as a director.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.